

SCHOLARSHIP APPLICATION

Our Mission: Collaborating through philanthropy with Wayne HealthCare in order to enhance community education and wellness close to home.

Our mission of community education and outreach includes providing scholarship opportunities to local students pursuing studies in the healthcare field. We are excited to build the future of health professionals close to home.

Scholarship Eligibility and Requirements:

1. The scholarship is an award presented to a Darke County, Ohio graduate or graduating senior seeking a healthcare certification, degree or advanced degree enrolling in or currently enrolled/attending in a college, university or vocational school with a major in Healthcare or Health Sciences. The amount of the scholarship is up to a maximum of \$1,000. This is non-renewable, but a new application may be submitted annually and considered based on the Foundation budget as new applicants will be considered on a prioritized scale. If you are an employee of Wayne HealthCare, you must first determine if funds are available through your department.
2. The enclosed form must be completed and submitted to the Wayne HealthCare Foundation, ATTN: Lauren Henry – Executive Director, 835 Sweitzer St., Greenville, OH 45331, as well as all attachments required in the application. Eligible students must have a grade-point average of 3.0 or higher and must demonstrate an interest and desire to complete educational goals as well as strong extra-curricular activities, school citizenship and leadership.
3. The award shall be made without regard to race, color, citizenship status, national origin, ancestry, gender, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by the law.
4. Include all attachments with the application. A page or pages may be included for all awards and honors received.
5. If awarded, a scholarship check will be sent to the institute of higher learning, after proof of enrollment and tuition invoice/payment is received.

Applications are due to the Wayne HealthCare Foundation by March 1st of the current year.

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Please complete the entire application. The application must be typed or neatly printed.

SECTION A.

First Name

Last Name

Street Address

Phone Number

City State Zip

Parent/Guardian Name

Email

Applicant Signature

SECTION B.

High School

Accredited College or University

Street Address

Course of Study

City State Zip

Graduation Date

GPA – Grade Point Average (please attached high school transcript, mid-year is acceptable)

SECTION C.

Please attach an essay of 500 words or less that describes your educational and career goals, including the reason for your career choice. Also, please include your greatest accomplishment. Also attach a current picture of yourself.

SECTION D.

Please attach character reference forms (up to three). A form is attached that can be used, or letters of recommendation on letterhead are also accepted.

AUTHORIZATION OF VERIFICATION:

I certify that the information provided is correct to the best of my knowledge, and I authorize a representative of the Wayne HealthCare Foundation Scholarship Committee to contact the High School shown in Section B to verify this information. If awarded, I agree to allow Wayne HealthCare Foundation to use my picture/likeness in any public relations and release liability.

Signature

Date

CHARACTER REFERENCE

_____ is applying for a scholarship from the Wayne HealthCare Foundation. Please complete this section.

1. How long have you known this individual?

2. How are you acquainted?

3. Why do you feel this person has characteristics or qualities that would make him/her a good candidate?

4. Additional Comments:

Signature

Date

Printed Name